

OFFICE OF CONGRESSMAN F. JAMES SENSENBRENNER JR. FIFTH DISTRICT OF WISCONSIN



Congressional Inquiry Form

US Citizenship and Immigration Services Congressional Response Unit	Congressman F. James Sensenbrenner, Jr.	
	Date:	
Alien #:	Application Type:	
Name:		
Other Names Used:		
Date of Birth:	Receipt Date:	
Country of Birth:	Receipt #:	
Petitioner's Name:	Interview Date:	
Other Congressman Contacted:	Date of Last Prints:	
Current Address: Street:		
City:	State Zip	
() Check if address has changed since applicati	ion was filed.	
*** My signature authorizes the US Citizenship on my case/claim to Congressman Sensenbrenn	o and Immigration Services to provide information er and staff.	
X	Date:	
Signature		
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DESCRIBE PROBLEM:		
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DESCRIBE PROBLEM:		